

12-27-00

AIRE

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	3252RE
First Named Inventor	Neboisa Jovicic
Original Patent Number	5855007
Original Patent Issue Date (Month/Day/Year)	December 29, 1998
Express Mail Label No.	964793461305

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
☐ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribbonded Original Patent Grant
☒ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ * Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ Other: Statement of the Status of the Claims And Explanation of Support For Added Claims

* NOTE FOR ITEMS 1 & 10 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

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(Insert Customer No. or Attach bar code label here)

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Signature	<i>Michael P. Mazza</i>	Date	12/21/00

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

3252RE

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 9	Total Claims (37 CFR 1.16(j))	(B) 16	**** 0 =	x \$ _____ =		or	x \$ 18 = 0
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 10	* 7 =	x \$ _____ =			x \$ 80 = 560
Basic Fee (37 CFR 1.16(h))					\$ _____		\$ 710
Total Filing Fee					\$ _____	OR	\$ 1,270

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ _____ =		or	x \$ _____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
Total Additional Fee					\$ _____	OR	\$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____ .
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 14-1131 .
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 1,270.00 to cover the filing / additional fee is enclosed.

12/21/00
Date

Michael P. Mazza/ew
Signature of Applicant, Attorney or Agent of Record

Michael P. Mazza

Typed or printed name

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